

# **Connecticut Association of Nurse Anesthetists**

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Written Testimony of

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## **House Bill No. 7161, An Act Revising the Definition of Advanced Nursing Practice**

Monday, March 5, 2007

General Assembly's Public Health Committee

Good morning Senator Handley, Representative Sayers, Senator Roraback, Representative Carson and Members of the Public Health Committee.

My name is Dianne Murphy. I live in Waterbury. I am a Certified Registered Nurse Anesthetist, a licensed Advanced Practice Registered Nurse, and I hold a Master's Degree in Biological Sciences specializing in anesthesia. I am President of the Connecticut Association of Nurse Anesthetists. I am here today to testify in support of House Bill 7161, "An Act Revising the Definition of Advance Nursing Practice."

There are approximately 36,000 nurse anesthetists across the country, and about 400 in CT. Nurse anesthetists represent a little more than 10% of CT's Advance Practice Nurses. Nurse anesthetists provide anesthesia in every setting in which anesthesia care is delivered including hospitals, obstetric units, ambulatory surgical centers and office base practice, for all types of surgical cases.

The practice of anesthesia is a recognized specialty in both nursing and medicine. Both nurse anesthetists and anesthesiologists administer anesthesia for all types of surgical procedures. No federal or state nursing statute or regulation requires nurse anesthetists to be supervised by an anesthesiologist. Patient outcomes data consistently have shown that the anesthesia provided by nurse anesthetists is of the same high quality as that provided by anesthesiologists.

There are two models in which nurse anesthetists practice, they either contract with a freestanding surgical center or they are part of an anesthesia team in a hospital setting. In the surgical center or office-based practice, nurse anesthetists work with the surgeon to provide anesthesia to patients without the involvement of anesthesiologist. In the hospital setting, the anesthesiologist and nurse anesthetist work together as a team to provide coverage for several operating rooms at one time. Both of these approaches serve the patient well.

I would like to speak to House Bill 7161. In current statute, the nurse anesthetist works under the direction of a physician. Physicians may perceive liability when working with the nurse anesthetist, since the idea of direction implies control over the actions of the nurse anesthetist.

In practice, the surgeon directs the nurse anesthetist when to give anesthesia to the patient. The nurse anesthetist decides how or what anesthetic changes need to be made during the surgery because this is our area of expertise. The unnecessary liability concern surrounding the word "direction" is the reason we are seeking this language change to "collaboration". Collaboration truly reflects our day to day practice.

Changing the statute will acknowledge the collaborative norm that nurse anesthetists apply to every day practice and will not change the delivery of safe high quality care given by nurse anesthetists.

I respectfully request that the Members of the Public Health Committee give full consideration to House Bill 7161.

I sincerely appreciate the committee raising this important legislation and giving me the time to express my support for House Bill 7161. I'm available to answer any questions that you may have at this time.